

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
04-22

2. STATE  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
November 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §§430.12(b)(2)(i) & 447.201(b)

7. FEDERAL BUDGET IMPACT:

a. FFY '05 \$0

b. FFY '06 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Preprint p. 89

t. 4.19-B, pp. 25, 26, 28-28a, 29, 74

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

same

*Minnesota (04-22)*  
*approved: 11/22/04*  
*effective: 11/01/04*

10. SUBJECT OF AMENDMENT:

1) State Governor's Review; and (2) Rates: Home Health, Private Duty Nursing, and Personal Care Assistant Services

1. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

2. SIGNATURE OF STATE AGENCY OFFICIAL:

*Christine Bronson*

16. RETURN TO:

Stephanie Schwartz  
Minnesota Department of Human Services  
Federal Relations Unit  
444 Lafayette Road No.  
St. Paul, MN 55155-3852

3. TYPED NAME:

Christine Bronson

4. TITLE:

Acting Medicaid Director

5. DATE SUBMITTED:

Nov. 5, 2004

**FOR REGIONAL OFFICE USE ONLY**

7. DATE RECEIVED:

11/10/04

18. DATE APPROVED:

*11/22/04*

PLAN APPROVED - ONE COPY ATTACHED

9. EFFECTIVE DATE OF APPROVED MATERIAL:

*November 1, 2004*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

11. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

3. REMARKS:

NOV 10 2004

DMCH - APA

Revision: HCFA-91-4 (FPD)  
August 1991

OMB No. 0938-

State: MINNESOTA

Citation

7.4 State Governor's Review

42 CFR §430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

- ☒ Not applicable. The Governor:
- ☐ Does not wish to review any plan material.
- ☐ Wishes to review only the plan materials specified in the enclosed document.
- ☒ The Governor's designee is the head of the Medicaid agency.

I hereby certify that I am authorized to submit this plan on behalf of the  
MINNESOTA DEPARTMENT OF HUMAN SERVICES.

(Designated Single State Agency)

Date: 11/3/04

Christine Bronson  
Acting Medicaid Director  
Health Care Administration

TN No. 04-22

Supersedes Approval Date NOV 22 2004

TN No. 98-01 (96-03)

Effective Date 11/01/04

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TN: 04-22

Approved: NOV 22 2004

Supersedes: 02-20 (01-13)

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7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	<u>7/1/02</u>
<del>X5284</del> Skilled Nurse Visit	\$52.79/visit	\$54.37/visit	\$56.54/visit	\$59.93/visit	\$61.73/visit	\$63.58

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

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7.b. Home health aide services provided by a home health agency.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	<u>7/1/02</u>
X5285 Home Health Aide Visit	\$40.50/visit	\$41.72/visit	\$43.39/visit	\$45.99/visit	\$47.37/visit	\$48.79

7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

Physical therapist, occupational therapist, speech pathologist and audiologist services provided by a **home health agency** are paid the lower of:

- (1) submitted charge; or
- (2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in calendar year 1982.

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11.a., Physical therapy and 11.b., Occupational therapy.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	7/1/02
<del>X5280</del> Physical Therapy Visit (PT)	\$49.51/visit	\$51.00/visit	\$53.04/visit	\$56.22/visit	\$57.91/visit	\$59.65
<del>X5280</del> Physical Therapy Visit (Asst.)					\$37.64/visit	\$38.77
<del>X5281</del> Speech Therapy Visit	\$50.27/visit	\$51.78/visit	\$53.85/visit	\$57.08/visit	\$58.79/visit	\$60.55
<del>X5282</del> Occupational Therapy Visit (OT)	\$50.53/visit	\$52.05/visit	\$54.13/visit	\$57.38/visit	\$59.10/visit	\$60.87
<del>X5282</del> Occupational Therapy Visit (Ass't.)					\$38.42/visit	\$39.57
<del>X5283</del> Respiratory Therapy Visit	\$36.75/visit	\$37.85/visit	\$39.36/visit	\$41.72/visit	\$42.97/visit	\$44.26

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a., Physicians' services, except that payments are increased by 38% for physical therapy, occupational therapy, and speech pathology services provided by an entity that:

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

- (1) is licensed under Minnesota Rules, parts 9570.2000 to 9570.3400 that operate residential programs and services for the physically handicapped;
- (2) is Medicare certified as a comprehensive outpatient rehabilitation facility as of January 1, 1993; and
- (3) for which at least 33% of the patients receiving rehabilitation services in the most recent calendar year are recipients of medical assistance, general assistance medical care, and MinnesotaCare.

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8. Private duty nursing services.

Payment is the lower of the submitted charge; or the following:

Procedure Code	1/1/93	7/1/94	7/1/97	7/1/98	7/1/99	7/1/00	6/15/01	7/1/01	7/1/02
<del>X5648</del> Independent Private Duty L.P.N.	\$2.78/unit	\$2.86/unit	\$3.00/unit	\$3.09/unit	\$3.21/unit	\$3.40/unit	\$5.17/unit	\$5.78/unit	\$5.95/unit
<del>X5648</del> Private Duty L.P.N.	\$4.20/unit	\$4.33/unit	\$4.55/unit	\$4.69/unit	\$4.88/unit	\$5.17/unit	\$5.17/unit	\$5.78/unit	\$5.95/unit
<del>X5646</del> Independent Private Duty R.N.	\$3.71/unit	\$3.82/unit	\$4.01/unit	\$4.13/unit	\$4.30/unit	\$4.56/unit	\$6.73/unit	\$7.52/unit	\$7.75/unit
<del>X5646</del> Private Duty R.N.	\$5.49/unit	\$5.65/unit	\$5.93/unit	\$6.11/unit	\$6.35/unit	\$6.73/unit	\$6.73/unit	\$7.52/unit	\$7.75/unit
<del>X5649</del> Private Duty L.P.N. (complex)	\$4.89/unit	\$5.04/unit	\$5.29/unit	\$5.45/unit	\$5.67/unit	\$6.01/unit	\$6.01/unit	\$6.77/unit	\$6.97/unit
<del>X5647</del> Private Duty R.N. (complex)	\$6.18/unit	\$6.37/unit	\$6.69/unit	\$6.89/unit	\$7.17/unit	\$7.60/unit	\$7.60/unit	\$9.03/unit	\$9.30/unit

NOTE: 1 unit = 15 minutes

**Shared care:** For two recipients sharing care, payment is one and one-half times the payment for serving one recipient. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.

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26. Personal care assistant services.

Payment is the lower of the submitted charge, or the state agency established rate:

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	7/1/02
<del>X5643</del> Independent Personal Care Assistant	\$1.97/unit	\$2.03/unit	\$2.11/unit	\$2.24/unit	\$2.31/unit	<u>\$2.38/unit</u>
<del>X5644</del> Supervision of Independent PCA	\$4.06/unit	\$4.18/unit	\$4.35/unit	\$4.61/unit	\$4.75/unit	<u>\$4.89/unit</u>
<del>X5645</del> Personal Care by an Agency 1:1	\$3.09/unit	\$3.18/unit	\$3.31/unit	\$3.51/unit	\$3.62/unit	\$3.73/unit
<del>X5357</del> Personal Care by an Agency 1:2	N/A	N/A	\$2.49/unit	\$2.64/unit	\$2.72/unit	\$2.80/unit
<del>X5358</del> Personal Care by an Agency 1:3	N/A	N/A	\$2.20/unit	\$2.33/unit	\$2.40/unit	\$2.47/unit
<del>X4037</del> Supervision of Personal Care by an Agency	\$5.45/unit	\$5.61/unit	\$5.83/unit	\$6.18/unit	\$6.37/unit	\$6.56/unit

[NOTE: 1 unit = 15 minutes]

**Shared care:** For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment is two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

**PCA Choice option:** Payment is the same as that paid for personal care assistant services.